
MSDH CHILD CARE LICENSURE REGISTRATION FORM

REPRODUCE AS NEEDED

- 1) All forms must be filled out completely and legibly. Training certificates will be issued from the list on the registration form.
- 2) You will receive an email confirmation (if you do not have an email, one will be mailed to you) which specifies the exact location of the training. Bring the email confirmation or verification notice to the training session on the date of your scheduled training. **Your acceptance into the training is verified only with a letter of confirmation. If there is a cost, please bring check or money order to the training with you. Please do not send any money with your application.**
- 3) Pre-registration is required and will be accepted via mail, email, or fax. Please refer to the Region listed on the Provider Training Schedule and mail to the following trainers:
 - a. Area 1 (Northern) – Nancy Nunley, P.O. Box 1190, Saltillo, MS 38866, or fax (662) 869-2463
 - b. Area 2 (Central) – LaToya Atkins, MSDH Child Care Licensure, P.O. Box 1700, Jackson, MS 39215 1700 or fax (601) 364-5058
 - c. Area 3 (Southern) – Josie McCoy, 1102 45th Avenue, Gulfport, MS 39501 or fax (228) 864-7940
- 4) Please bring your Regulations book to the scheduled training sessions.

Sessions Requested

Please check the sessions that you wish to attend and **designate the location/date** you wish to attend on the blank provided.

- | | |
|--|--|
| <input type="checkbox"/> Child Care Regulations _____ | <input type="checkbox"/> Playground Safety _____ |
| <input type="checkbox"/> Infant/Toddler Regulations _____ | <input type="checkbox"/> Directors Orientation _____ |
| <input type="checkbox"/> After-School Regulations _____ | <input type="checkbox"/> Menu Writing 101 _____ |
| <input type="checkbox"/> Discipline & Guidance (\$10.00) _____ | <input type="checkbox"/> Bus Driver (\$10.00) _____ |
| <input type="checkbox"/> Hand-Washing/Sanitation (\$10.00) _____ | |

Individual(s) Requesting Registration

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please type or print clearly. Training Certificates will be issued at the end of the each session. Names on training certificates will come from the registration list above.

Center Name _____ Director _____

Mailing Address _____ Owner _____

City

State

Zip

Center Telephone _____ Center Email _____

Center Fax _____

**THIS FORM IS TO BE USED TO REGISTER FOR SESSIONS PRESENTED BY
MSDH/CHILD CARE LICENSURE**